

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Green Dot Bank</b>			Date of Public Distribution/Dissemination 10 / 27 / 2016		
Mailing Address 3465 E Foothill Blvd			Amount 2200.00		
City Pasadena	State CA	Zip Code 91107-6071	Transaction ID : VNV0C9TW4J1		
Purpose of Expenditure Prepaid Debit Card		Category/ Type 007	Date of Disbursement or Obligation 10 / 26 / 2016		
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		7177.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Parker-Spitzer, Christine, , ,</b>			Date of Public Distribution/Dissemination 10 / 27 / 2016		
Mailing Address 1307 Saint Johns Pl Apt 2B			Amount 250.00		
City Brooklyn	State NY	Zip Code 11213-3766	Transaction ID : VNV0C9TWKR0		
Purpose of Expenditure Organizing Fellowship 10/27/16-11/8/16		Category/ Type 007	Date of Disbursement or Obligation 10 / 21 / 2016		
Name of Federal Candidate FASO, JOHN J. MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		7177.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2450.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Singer, Benjamin, , ,

[Electronically Filed]

Date

10 / 28 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Parker-Spitzer, Christine, , ,</b> <b>X</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address 1307 Saint Johns Pl Apt 2B			Amount <b>250.00</b>		
City Brooklyn	State NY	Zip Code 11213-3766	Transaction ID : VNV0C9TXEK7		
Purpose of Expenditure Organizing Fellowship 10/27/16-11/8/16		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate FASO, JOHN J. MR., , ,			<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>19</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Pezzella, Richard, , ,</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address 2170 Brigham St Apt 1H			Amount <b>150.00</b>		
City Brooklyn	State NY	Zip Code 11229-5638	Transaction ID : VNV0C9TWKM9		
Purpose of Expenditure Organizing Fellowship 10/27/16-11/8/16		Category/ Type <b>007</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 26 / 2016</b>		
Name of Federal Candidate FASO, JOHN J. MR., , ,			<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>19</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>150.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Singer, Benjamin, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 28 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Pezzella, Richard, , ,</b> <b>X</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address    2170 Brigham St Apt 1H			Amount <b>150.00</b>		
City Brooklyn	State NY	Zip Code 11229-5638	Transaction ID : <b>VNV0C9TXEM5</b>		
Purpose of Expenditure Organizing Fellowship 10/27/16-11/8/16		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate FASO, JOHN J. MR., , ,			<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>		
Calendar Year-To-Date Per Election for Office Sought <b>7177.70</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Signs.com</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address    1550 S Gladiola St			Amount <b>289.01</b>		
City Salt Lake City	State UT	Zip Code 84104-6506	Transaction ID : <b>VNV0C9TVY14</b>		
Purpose of Expenditure Printing - Event Banners		Category/ Type <b>007</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2016</b>		
Name of Federal Candidate FASO, JOHN J. MR., , ,			<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>		
Calendar Year-To-Date Per Election for Office Sought <b>7177.70</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>289.01</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Singer, Benjamin, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 28 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Signs.com</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address <b>1550 S Gladiola St</b>			Amount <b>91.16</b>		
City <b>Salt Lake City</b>	State <b>UT</b>	Zip Code <b>84104-6506</b>	Transaction ID : <b>VNV0C9TVY30</b>		
Purpose of Expenditure Printing - Event Banners		Category/Type <b>007</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2016</b>		
Name of Federal Candidate <b>FASO, JOHN J. MR., , ,</b>			<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>		
Calendar Year-To-Date Per Election for Office Sought <b>7177.70</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Signs.com</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>		
Mailing Address <b>1550 S Gladiola St</b>			Amount <b>33.09</b>		
City <b>Salt Lake City</b>	State <b>UT</b>	Zip Code <b>84104-6506</b>	Transaction ID : <b>VNV0C9TW4C4</b>		
Purpose of Expenditure Shipping - Event Banners		Category/Type <b>007</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2016</b>		
Name of Federal Candidate <b>FASO, JOHN J. MR., , ,</b>			<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>		
Calendar Year-To-Date Per Election for Office Sought <b>7177.70</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>124.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Singer, Benjamin, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 28 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Signs.com</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>	
Mailing Address <b>1550 S Gladiola St</b>		Amount <b>30.09</b>	
City <b>Salt Lake City</b>	State <b>UT</b>	Zip Code <b>84104-6506</b>	Transaction ID : <b>VNV0C9TW4D1</b>
Purpose of Expenditure <b>Shipping - Event Banners</b>	Category/Type <b>007</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2016</b>	
Name of Federal Candidate <b>FASO, JOHN J. MR., , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>7177.70</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Singer, Benjamin, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>	
Mailing Address <b>757 Lincoln Pl</b>		Amount <b>12.95</b>	
City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11216-4209</b>	Transaction ID : <b>VNV0C9TW4B6</b>
Purpose of Expenditure <b>Reimb. Prepaid Debit Card; ultimate payee was Duane Reade</b>	Category/Type <b>007</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>	
Name of Federal Candidate <b>FASO, JOHN J. MR., , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>7177.70</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>43.04</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Singer, Benjamin, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 28 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Singer, Benjamin, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>	
Mailing Address <b>757 Lincoln Pl</b>		Amount <b>1399.62</b>	
City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11216-4209</b>	Transaction ID : <b>VNV0C9TX9Z2</b>
Purpose of Expenditure <b>Salaries</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2016</b>	
Name of Federal Candidate <b>FASO, JOHN J. MR., , ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>7177.70</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Singer, Benjamin, , ,</b> <b>X</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2016</b>	
Mailing Address <b>757 Lincoln Pl</b>		Amount <b>14.86</b>	
City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11216-4209</b>	Transaction ID : <b>VNV0C9TXEJ0</b>
Purpose of Expenditure <b>Reimb: Transportation; ultimate payee Shell</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2016</b>	
Name of Federal Candidate <b>FASO, JOHN J. MR., , ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>7177.70</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1399.62</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>4455.92</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Singer, Benjamin, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 28 / 2016**

Signature